

2002 UNIFORM BUSINESS REPORT (UBR)

5/2:

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-23-2002 90115 047 ***150.00

DOCUMENT # 568119

1. Entity Name
SCN INCORPORATED

Principal Place of Business

7606 S. TAMiami TRAIL
 SARASOTA FL 34231
 US

Mailing Address

7606 S. TAMiami TRAIL
 SARASOTA FL 34231
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1901668**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

COFFEE, DR. LARRY
 1 LAKE LORRAINE CIRCLE
 SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name **JOHN T. KREGER**

Street Address (P.O. Box Number is Not Acceptable)

3509 SCHWALBE DRIVE

City **SARASOTA**

FL

Zip Code

34235

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

John T. Kregar
 Signature, typed or printed name of registered agent and title if applicable.

JOHN T. KREGER

(NOTE: Registered Agent signature required when reinstating)

6-10-02

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KREGER, JOHN T	
STREET ADDRESS	3509 SCHWALBE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	S	<input type="checkbox"/> Delete
NAME	AUMAN, CHRISTINA L	
STREET ADDRESS	7870 EAGLE CREEK DRIVE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	C	<input type="checkbox"/> Delete
NAME	PIERRE, CLAUDE	
STREET ADDRESS	6157 MIDNIGHT PASS RD., #8	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRINGER, DAVID S	
STREET ADDRESS	4358 ARROW AVE.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6602 WESTWARD PLACE	
STREET ADDRESS	UNIVERSITY PARK - FL - 34201	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5103 GRADE FERN COURT	
STREET ADDRESS	SARASOTA - FL - 34238	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christina L. Auman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02

941-921-5663

CR2E034 (9/01)